# **DOCKET FILE COPY ORIGINAL**



7780 Office Plaza Drive S. Suite 184 West Des Moines, IA 50266-2337 Phone: 515.223.0159 Fax: 515.223.5429 www.kiesling.com

October 11, 2013

Received & Inspected
OCT 2 4 2013

FCC Mail Room

Office of the Secretary Federal Communications Commission 9300 East Hampton Drive Capitol Heights, MD 20743

RE: In the Matter of Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund, WC Docket No. 10-90, GN Docket No. 09-51, WC Docket No. 07-135, WC Docket No. 05-337, CC Docket No. 01-92, CC Docket No. 96-45, WC Docket No. 03-109, WT Docket No. 10-208, Order, 27 FCC Rcd 605 (2012).

With this letter we file Olin Telephone Company, Inc. (SAC 359031) FCC Form 481, which is due to the Commission on or before October 15, 2013.

This filing has already been submitted with USAC and an electronic filing has been made with the relevant state regulatory agency.

Please call me at 515-223-0159 if you have any questions concerning this filing.

KIESLING ASSOCIATES LLP

Robert I. Umsted, CPA

Regulatory Consultant/Senior Manager

**Enclosures** 

cc: Rod Cozart, Olin Telephone Company, Inc.

No. of Copies rec'd Ust ABCDE

	m 481 - Carrier Annual Reporting ellection form		FCC Form 481 CMIP Control No. 306 July 2015	0.4856/OMB Control No. 3550-0515
<010>	Study Area Code	359031		Received & Inspected
<015>	Study Area Name	Olin Telephone Compan	y Inc.	007.0 4.2012
<020>	Program Year	2014		OCT 2 4 2013
<030>	Contact Name: Person USAC should contact with questions about this data	Rod Cozart		FCC Mail Room
<035>	Contact Telephone Number: Number of the person identified in data line <030:	319-484-2200		<u>.</u>
<039>	Contact Email Address: Email of the person identified in data line <030>	olintel@netins.net		
ANNÚA	L REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)  ✓
<200> <210>	Outage Reporting (voice) < check box if	no outages to report	(complete attached worksheet)	✓ ✓
<300> <310> <320> <330>	Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)	0	(attach descriptive document)  (attach descriptive document)	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed Mobile 0.0  Number of Complaints per 1,000 customers (broad Fixed Mobile			
<800> <900> <1000> <1010> <1110>	Service Quality Standards & Consumer Protection  3590311a510 Functionality in Emergency Situations 3590311a610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability  Terrestrial Backhaul (Y/N)?  Terms and Condition for Lifeline Customers	(if ye	(check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) es, complete attached worksheet) (check to indicate certification) (attach descriptive document) ot, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	
<2000> <2005> <3000> <3005>	Price Cap Carriers, Proceed to <u>Price Cap Additional</u> Including Rate-of-Return Carriers affiliated with Price Cap Additional Rate of Return Carriers, Proceed to <u>ROR Additional</u>	ce Cap Local Exchange C	arriers (check to indicate certification) (complete attached worksheet)	

	ervice Quality Improvement Reporting illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	59031	
<015>	Study Area Name o.	lin Telephone Company Ir	Inc.
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Rod Cozart	
<035>	Contact Telephone Number - Number of person identified in data line	<030> 319-484-2200	
<039>	Contact Email Address - Email Address of person identified in data line	<030> olintel@netins.n	net
<110>	Has your company received its ETC certification from the FCC?	(yes / n	/no) <b>(</b>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a year plan" filed with the FCC?	) "5 (yes / n	/no) O O
<112>	If your answer to Line <111> is yes, then you are required to file a progreport, on line <112> delineating the status of your company's existing 54.202(a) "5 year plan" on file with the FCC, as it relates to your provis voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent y your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). CETC which only receives frozen support, your progress report is only required to address voice telephony service.	g § sion of ears,	
	Please check these boxes below to confirm that the attached PDF, on 112, contains a progress report on its five-year service quality improve plan pursuant to § 54.202(a). The information shall be submitted at the center level or census block as appropriate.	ement	Name of Attached Document (.pdf)
<113>	Maps detailing progress towards meeting plan targets	T	
<114>	Report how much universal service (USF) support was received	i <del>i ii</del>	
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice Data Collection Form		FCC Form 481 OMB Control No. 3060-09	86/OMB Control No. 3060-0819
		July 2013	

<010>	Study Area Code	359031			
<015>	Study Area Name	Olin Telephone Company Inc.			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Rod Cozart			
<035>	Contact Telephone Number - Number of person identified in data line <030> 319-484-2200				
<039>	Contact Email Address - Email Address of person identified in data line <030> olintel@netins.net				

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<u><d></d></u>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS						ł		l	Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
	ļ <u></u>						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
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	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359031
<015>	Study Area Name	Olin Telephone Company Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rod Cozart
<035>	Contact Telephone Number - Number of person identified in data line <030>	319-484-2200
<039>	Contact Email Address - Email Address of person identified in data line <030>	olintel@netins.net
<701>	Residential Local Service Charge Effective Date 1/1/2013	
<702>	Single State-wide Residential Local Service Charge	

703>	<a1></a1>	<b>G</b> (2>	(33)	. <b1></b1>	<62>	<63>	<64>		<b>65</b>
			CA C (CETC)	S-4-7-	Residential Local	Charles Carles all a Charles	Character To	Mandatory Extended Area	Tables Bases and Fre
ŀ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fee
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<010>	Study Area Code	359031			
<015>	Study Area Name	Olin Telephone Company Inc.			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Rod Cozart			
<035>	Contact Telephone Number - Number of person identified in data line <030> 319-484-2200				
<039>	Contact Email Address - Email Address of person identified in data line <030> Olintel@netins.net				

<711>	<b>41</b> >	<b>42</b> >	<01>	<62>	• • • • • • • • • • • • • • • • • • • •	<ó1>	<b>«d2»</b>	<d3×< th=""><th><d4×< th=""></d4×<></th></d3×<>	<d4×< th=""></d4×<>
	State	Exchange (ILEC)	Residential Rate	State Regulated	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance	Usage Allowance Action Taken When Limit Reached { <i>select</i> }
			****	<del></del> -					
				<u>e attached</u>					
		<u> </u>	work	sheet		<u> </u>			
	· · · · · · · · · · · · · · · · · · ·								
			*****						

	erating Companies		has got a set to proper the the person	FCC Form 481
Data Col	lection Form	a me		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
				and refer
<010>	Study Area Code		359031	
<015>	Study Area Name		Olin Telephone Company Inc.	
<020>	Program Year		2014	
<030>	Contact Name - Person	USAC should contact regarding this data	Rod Cozart	
<035>	Contact Telephone Nun	nber - Number of person identified in data line <0	30> 319-484-2200	
<039>	Contact Email Address -	Email Address of person identified in data line <0	30> olintel@netins.net	
<810>	Reporting Carrier	Olin Telephone Company		
<811>	Holding Company	Olin Telephone Company, Inc.		
<812>	Operating Company	Olin Telephone Company		

<813>	i cals	<a2></a2>	<a3> <a3> <a3> <a3> <a3> <a3> <a3> <a3></a3></a3></a3></a3></a3></a3></a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
		ttached works	heet
		<del> </del>	
		<del> </del>	
	<u> </u>		t de la company

	pal Lands Reporting	and the second of the second of	FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			Mily 2013
<010>	Study Area Code	359031	
<015>	Study Area Name	Olin Telephone Company Inc.	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Rod Cozart	
<035>	Contact Telephone Number - Number of person identified in data line		
<039>	Contact Email Address - Email Address of person identified in data line	e <030> olintel@netins.net	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation		
		Name of Attached Document (.pdf	)
	If your company serves Tribal lands, please select (Yes,No, NA) for		
	each these boxes to confirm the status described on the attached		
	PDF, on line 920, demonstrates coordination with the Tribal		
	government pursuant to § 54.313(a)(9) includes:		
		Select	
		(Yes,No,	
		NA)	
<921>	Needs assessment and deployment planning with a focus on Tribal		
	community anchor institutions;		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes	<del></del>	
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		
	,	L	

	o Terrestrial Backhaul Reporting & ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359031
<015>	Study Area Name	Olin Telephone Company Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rod Cozart
<035>	Contact Telephone Number - Number of person identified in data line <030>	319-484-2200
<039>	Contact Email Address - Email Address of person identified in data line <030>	olintel@netins.net
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	rms and Condition for Lifeline Customers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	35	9031	
<015>	Study Area Name	01	in Telephone Company Inc.	
<020>	Program Year	20	014	
<030>	Contact Name - Person USAC should contact regarding this data		Rod Cozart	
<035>	Contact Telephone Number - Number of person identified in data li	ine <030>	319-484-2200	
<039>	Contact Email Address - Email Address of person identified in data I	line <030>	olintel@netins.net	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		ne of attached document (.pdf)	
<1220>	Link to Public Website	HTTPht	tps://www.iwireless.com/customer_su	pport-lifeline.asp
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	$\checkmark$		
<1222>	Details on the number of minutes provided as part of the plan,	<b>V</b>		
<1223>	Additional charges for toll calls, and rates for each such plan.	$\overline{}$		

(2000) Pr	ce Cap Carrier Additional Documentation	Control of the contro	FCC Form 481
Data Coll	ection Form		QMB Control No. 3060-0986/OMB Control No. 3060-0819
including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
	manner in the control of the control		
<010>	Study Area Code 3	59031	
<015>		lin Telephone Company Inc.	
<020>			
<030>	Contact Name - Person USAC should contact regarding this data	od Cozart	
<035>	Contact Telephone Number - Number of person identified in data line <030>	319-484-2200	
<039>	Contact Email Address - Email Address of person identified in data line <030>	olintel@netins.net	
CHECK +F	e boxes below to note compliance as a recipient of Incremental Connect Ame	rica Phase I support frozen High Cost support High Cost support to offset s	access charge reductions, and Connect America Phase II
CHECK	·	(e) the information reported on this form and in the documents attached b	- · · · · · · · · · · · · · · · · · · ·
	3upport as 3et 101th 111 47 Crit 3 34.323(b),(c),(u),	(e) the information reported on this form and in the socialitents attached o	elow is accurate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
			<del></del>
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		F
<2016>	Certification Support Used to Build Broadband		
	and the state of t		
-2017-	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		<b>}-</b> -
<2018> <2019>	5th year Broadband Service Certification		<b>├</b> ─┤
<2019>	Interim Progress Certification		<b>=</b>
<2020>	Please check the box to confirm that the attached PDF, on line 2021,	unniulant	<b></b>
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a	•	
	of CAF Phase II support shall provide the number, names, and address community anchor institutions to which began providing access to bro		
	service in the preceding calendar year.	auyanu	
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	
\2U21>	interior rogress confindintly Anti-ior institutions	Hame of Attached Document Listing Required Information	

	te Of Return Carrier Additional Documentation ection Form		FCC Form 481 OMB Control No. 3060-0986/QMB Control No. 3060-0815
			July 2013
	359031		
<010>	Study Area Code		
<015>	Study Area Name Olin Tele Program Year 2014	ephone Company Inc.	
<020>		Cozart	
<035>	Contact Telephone Number - Number of person identified in data line <030>	319-484-2200	
<039>	Contact Email Address - Email Address of person identified in data line <030>	olintel@netins.net	
CHECK ti	he boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that t	int to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring c the information reported on this form and in the documents attache	
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
(3011)	contains the required information pursuant to § 54.313 ( $\mathfrak{f}(1)(i)$ , as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
	Community Anchor Institutions [47 CFR § 54.313{f}[1](iii)} Is your company a Privately Held ROR Carrier [47 CFR § 54.313{f}[2]} If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313{f}[2] compliance requires:	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
(3015)	Telectronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required Information	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	.  Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		旦
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified		F7
(3023)	public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	
,1	<b>-</b>	• •	

	ion - Reporting Carri ection Form	ef. PCC Form 481 OMB Control No. 3060-0319 July 2013	
<010>	Study Area Code	359031	
<015>	Study Area Name	Olin Telephone Company Inc.	
<020>	Program Year	2014	
<030>	<o30> Contact Name - Person USAC should contact regarding this data Rod Cozart</o30>		
<035>	Contact Telephone Nu	umber - Number of person identified in data line <030> 319-484-2200	
<039>	039> Contact Email Address - Email Address of person identified in data line <030> olintel@netins.net		

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients		
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:	<u> </u>	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

11155551111551111551	ion - Agent / Carrier ection Form	FOC Perm 481. OMB Control No. 3060-0886/OMB Control No. 3060-0819 ruly 2019
<010>	Study Area Code	359031
<015>	Study Area Name	Olin Telephone Company Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC sh	ould contact regarding this data Rod Cozart
<035>	Contact Telephone Number - N	umber of person identified in data line <030> 319-484-2200
<039>	Contact Email Address - Email A	ddress of person identified in data line <030> olintel@netins.net

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

# Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier I certify that (Name of Agent) Rodney Cozart also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Rodney Cozart Name of Reporting Carrier: Olin Telephone Company Inc. Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/03/2013 Printed name of Authorized Officer: Manager/Assistant Board Secretary Telephone number of Authorized Officer: 319-484-2200 Study Area Code of Reporting Carrier: 359031 Filing Due Date for this form: 10/15/2013 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier			
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier: Olin Telephone Company Inc.			
Name of Authorized Agent or Employee of Agent: Kiesling Associates LLP			
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 10/03/2013		
Printed name of Authorized Agent or Employee of Agent: Kiesling Associates LLP			
Title or position of Authorized Agent or Employee of Agent Regulatory Consultant			
Telephone number of Authorized Agent or Employee of Agent: 515-223-0159			
Study Area Code of Reporting Carrier: 359031 Filing Due Date for this form: 10/15	5/2013		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.			

Attachments

# FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Olin Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

## FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Olin Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.